

Pleasant Valley Care Limited

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Inspection report

Fourth Floor
Cobalt Square, 83 Hagley Road
Birmingham
West Midlands
B16 8QG

Tel: 01214541124

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 04 and 05 December 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available. At the last inspection on 07 and 08 December 2016, we found that the provider was 'good' under the key questions of effective, caring and responsive. However, we found the provider required improvement under the key questions of safe and was not meeting all the regulations under well-led. This was because systems in place to assess and monitor the quality of the service were not always used to identify where improvements were needed. The provider submitted an action plan detailing how they intended to improve the service.

Pleasant Valley Care Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported 35 people ranging in age, gender, ethnicity and disability.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found the provider had not always reported notifiable incidents as required to do so by law. This was a breach of the Care Quality Commission (Registration) Regulations 2009.

Although the service had made sufficient improvement to meet the conditions of the breach identified at the last inspection; systems in place to assess and monitor the quality of the service provided to people were not always used effectively and required further improvement. Some care plans had not contained information to support staff and audits to identify or manage risks also required improvement.

Full information about CQC's regulatory response to issues and concerns found during inspections are added after any representations and appeals have been concluded.

Some people had experienced late and/or missed calls. We found there were still a number of occasions where calls were late and the time management of staff required further improvement. However, the provider had recently implemented an electronic call monitoring system which provided some assurance that calls would not be missed.

People felt safe in their homes with staff. Relatives believed their family members were kept safe. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Risks to people were assessed and people were supported by staff that was provided with guidance on how to manage people's specific medical conditions.

People were supported by sufficient numbers of staff that had been safely recruited. People were supported with their medication by staff that had received appropriate training. Staff members were equipped with sufficient personal protection equipment to reduce the risk of infection and cross contamination when supporting people with their personal care.

People's needs were assessed to ensure the care and treatment provided was individual to the person. People were supported by staff that felt they had the skills and knowledge to care and support people in their homes. Where appropriate, people were supported by staff to access health and social care professionals.

People were supported to make choices and were involved in the care and support they received. The provider was taking the appropriate action to protect people's rights.

People told us staff members were caring and treated them with dignity and respect. People's choices and independence were respected and promoted and staff responded to people's support needs. People were supported with their healthcare needs and felt involved with their care provision. People felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider gave people the opportunity to discuss and plan their preferences related to the care they wanted to receive at the end of their life.

Staff felt supported and spoke highly of the management team and felt involved in developing the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not always consistently supported by staff when unplanned absences or lateness occurred.

People felt safe with the staff that provided them with support. Systems were in place to protect people from the risk of harm and staff knew how to report any suspicions of abuse. Where appropriate, investigations were conducted in partnership with other agencies.

People were safeguarded from the risk of harm because risk assessments were in place to protect them.

People were supported by sufficient numbers of staff that were recruited safely, to ensure that they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed, where required.

People were protected from infection and cross contamination because staff members were provided with and used sufficient personal protective equipment.

Requires Improvement 

Is the service effective?

The service was effective.

People's needs were assessed and they were supported by staff that had the skills and knowledge to assist them.

People were supported to access additional medical support when their needs changed in a timely manner.

People were happy with the care provided by staff and were supported to make decisions and choices about their care.

Good 

Is the service caring?

The service was caring.

Good 

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make decisions about the care they received.

People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individualised to their needs, because staff members knew people well.

People knew how to raise concerns about the service they had received And were confident that these would be addressed appropriately.

The provider gave people the opportunity to discuss and plan their preferences related to the care they wanted to receive at the end of their life had ensured people's preferences were considered for the care they wanted at the end of their life.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Whilst some improvements were noted; further improvements were required. Quality assurance and audit processes were in place to monitor the service to ensure people received a quality service. Although the auditing of care plans were not consistently effective and the time management of staff required improvement.

The provider had not always notified us of incidents, as required by law.

People were encouraged to provide feedback on the quality of the service they received.

People and their relatives were happy with the quality of the service.

Staff felt supported by the provider and involved in developing the service.

The provider worked in partnership with other services to ensure they supported people in a safe and consistent way.

Pleasant Valley Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 04 and 05 December 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has had experience of working with this type of service.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the local authority for information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

The provider sent us a list of people who used the service. We contacted people by telephone and spoke with seven people and two relatives to gather their views on the service being delivered. We also spoke with

the registered manager (who is also the provider), five care staff, two office staff and the care co-ordinator. We used this information to form part of our judgement.

We looked at five people's care records to see how their care and treatment was planned and delivered. Other records looked at included five staff recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff was appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

At the last inspection in December 2016 we rated the provider as 'requires improvement' under the key question of 'Is the service safe?' At this inspection we found the service had made some improvements, but further improvements were still required.

At the last inspection we had found improvements were required to the staffing levels because calls were not attended to in a timely manner and there were insufficient staff available to provide cover for unplanned absences. At this inspection we found that although some improvements had been made in staff numbers, some people continued to experience late and/or missed calls. For example, we saw a complaint where one person, who relied on being supported with their food and medicine at a regular time, had experienced a late call. Although the person did not sustain any long term effects and had remained with the service, the person's relatives believed the gap between the evening call and morning call was too long and had contributed to the illness. We had also received information from partner agencies and complaints from relatives of people who used the service, that calls were still being missed. We asked the provider about the instances that had been brought to our attention. They explained there had been some difficulties with staff and confirmed some calls had been missed in the earlier part of the year when they were imbedding the improvements identified in their action plan. They continued to explain that all instances had been investigated and action had been taken that resulted in some staff being dismissed. The provider also explained they had recently installed a new monitoring system. This replaced their existing system and was more effective at recording when staff arrived at a person's home and what time they left. Records we looked at showed the service had started to see the benefits as the number of complaints about late and missed calls had reduced. We will continue to monitor the effectiveness of this newly implemented system via our notifications system and at our next inspection.

Other people we spoke with told us that staff were mostly on time and did not raise any issues with us about missed calls. Comments from people included, "Sometimes they can be a little late, but it is not a problem for me. They only missed me once when it got to lunch time, so I rang them and told them not to bother coming." "The girls are always on time." "They [staff] are generally on time, within a few minutes." "They [staff] never let me down." "They [staff] are very good with the times and never let me down." "I don't really have a set time for them [staff]; I just sit in my pyjamas until they arrive." Relatives we spoke with said, "Sometimes the times are not good but we understand because they can be held up at previous clients. They can be 20 minutes late they let us know if they remember." "She [person using the service] has never said it is a problem. They [staff] have a key safe so let themselves in." The Provider Information Return (PIR) stated that the provider had 'adopted good practices in call scheduling allowing sufficient time between the calls.' The care plans we looked at showed that overall staff had arrived at people's homes around the times they were expected to. We did see there had been instances where staff had arrived late or early but we also saw there had been an improvement with the introduction of the new call scheduling system. Staff we spoke with explained how the new system worked and told us the service had 'significantly improved'. Most of the staff we spoke with felt they were given sufficient time between calls. One staff member told us, "We did have a problem with time but this new system does give us more time." Another staff member said, "Those of us who don't drive don't always get enough time between calls because of public transport being

late." The provider acknowledged that staff unable to drive could experience more difficulty in arriving at their calls on time and explained they were recruiting staff who had access to a car or lived very close to where they would be working.

We found the provider had been open with us about the matter of missed and late calls and had taken action to try and address the issues that had been raised with them. We saw that some of the incidents had also been investigated by the local authority and the provider had fully co-operated. The PIR stated the provider regularly monitored times and duration of visits and had a contingency procedure in place in the event of unplanned absences. We saw how this system operated. However, it was too early to demonstrate the overall impact it had on the service and some improvement was still required with the time management of staff and their calls.

At the last inspection improvement was required with the provider's recruitment processes. At this inspection we found there had been an improvement. Staff spoken with confirmed they had pre-employment checks, including a Disclosure and Barring check (DBS) completed before they started to work for the provider. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. However, we identified some issues around risk assessments for some staff members that needed a more robust assessment, and required ongoing improvement. We discussed with the provider about the guidance and support they gave to the office staff when they were reviewing job applications. We saw the provider had written criteria for the office staff to work to that assisted them with the selection process. We also saw evidence of how the provider supported the office staff with interviewing potential applicants. This showed the provider had processes in place to support their office staff with the recruitment and selection process

People and their relatives told us they were 'usually' supported by regular staff members. One person said, "Usually they [staff] are the same in the morning and lunch, then a different one [staff] at tea time. I know them all though." Another person told us, "I can have different ones [staff] but they [provider] always ring to tell me if someone else is coming." A relative explained, "The same lady [staff] visits which helps tremendously." Staff we spoke with confirmed they visited the same people and explained there were sufficient numbers of staff to support people and confirmed they received regular hours of work with regular people to support.

People we spoke with confirmed that they felt safe with staff in their homes and how staff supported them. One person told us, "I feel safe with them [staff] and I do have a pendant so can call someone if need be." Another person said, "Yes I do feel safe there is nothing wrong with them [staff] at all." A relative explained, "Yes [person] is very safe with all the ladies [staff] who come. I would know if not." Another relative told us, "Yes, she [person] can get confused and she has the same lady [staff] so she feels safe with her [staff]." Staff we spoke with and records we looked at, showed staff had completed safeguarding training on how to protect people from risk of abuse and avoidable harm. One staff member told us, "We make sure people have had their medicine, food and they have their alarm pendants by them; all this helps to keep them safe." Another staff member explained, "If I saw anything that suggested someone was being abused I'd call the office or the council." We saw the provider had processes in place to support staff to report concerns and keep people safe from risk of harm. The provider was aware of their responsibilities and had processes in place to support staff on how to report suspicions of abuse.

People and their relatives explained risks to people had been initially assessed by the provider. One relative explained, "We have had an assessment and it has recently being reviewed." We found risk assessments had been completed for people that required more complex support. For example, people living with conditions such as diabetes and Alzheimer's Disease. Although some of the risk assessments appeared, in places, to be

a 'tick box' exercise, staff we spoke with demonstrated in their answers to us, their knowledge of people and their individual support needs and any associated risks. Staff also confirmed that additional information for specific medical conditions was available in people's care plans in their homes. For example, what staff should do in the event of a person becoming ill due to the effects of diabetes. We also found risk assessments had been completed so staff members were mindful of environmental factors they needed to be aware of within and around people's homes. For example, if there were areas of the home that had uneven flooring or poor street lighting.

We had received information that some medicine procedures being practised by staff could put people at risk of missed medicine and cross contamination. We saw the incidents we were aware of had been recorded and appropriate action had been taken. For example, retraining or the dismissal of staff. At the time of this inspection visit, most of the people spoken with did not require support with their medicines. One person told us, "I can take my own tablets they [staff] just remind me to take them and bring me a glass of water." A relative said, "The carers put [person's] tablets in their hand and watch them take them." Staff spoken with told us they felt they had the knowledge they needed to support people with their medicines, where appropriate. All the staff spoken with said they had completed training in the administration of medicine. Staff continued to explain if they had any concerns about medicines, for example if someone refused to take their medicine, they would discuss this with the individual they were supporting and their family members, where appropriate, or raise it with the management team.

We had received information that staff members were not wearing personal protective clothing such as gloves or aprons and some working practices were putting people at risk of cross contamination. Of the five staff files we checked, we saw from spot checks completed by the provider, two staff members had not worn gloves. Immediate, appropriate action had been taken by the provider with the staff concerned. We also saw the subject of wearing protective gloves was discussed regularly at team meetings and supervisions with staff. The provider reminded the staff to wear protective gloves. One staff member told us, "We have different gloves for personal care and food preparation." People and their relatives spoken with did not raise any concerns with us regarding infection control practices. One person told us, "They [staff] do wear gloves". Another person said, "Yes, gloves are worn and an ID badge." Staff told us they were provided with a sufficient supply of gloves. Staff confirmed they had completed training in infection control and were familiar with the provider's infection control policy. This showed the provider had processes in place to reduce the risk of infection and cross contamination.

We asked staff if the registered manager shared with them the outcome of investigations into events when things had gone wrong. One staff member explained, "At our team meetings, [registered manager's name] feeds back to us any incidents that have happened and what we need to be doing better." Another staff member told us, "We need to know when things have gone wrong so we can improve." We saw the provider had processes to monitor for trends and action plans had been put in place where appropriate. This showed that the provider ensured lessons were learned?

Is the service effective?

Our findings

At the last inspection in December 2016 we rated the provider as 'good' under the key question of 'Is the service effective?' At this inspection we found the service had remained 'good.'

People and their relatives spoken with confirmed the registered manager had completed initial assessments before the person joined the service. The PIR stated that 'baseline assessments' were conducted on people's care and support needs to ensure support was delivered in line with people's individual care needs. We saw people's assessments, care plans and reviews considered both their physical and emotional care needs. Staff spoken with gave examples of how they supported people to use the equipment available to them, so they would remain as independent as possible. For example, the use of pendant alarms and wheelchairs. One staff member explained they made sure people's pendant alarms were left close by the person for them to use in the event of an emergency.

People and relatives spoken with told us they felt that staff had the correct training and knowledge to meet people's needs. One person said, "I do think they [staff] are well trained and they [staff] have a lovely attitude." Another person told us, "They [staff] are all very good at their jobs, not a bad one amongst them [staff]." A relative explained, "The lady [staff] seems to be well trained and [person] has a good relationship with her [staff]."

We had received information of concern around catheter care. Staff spoken with confirmed to us they had been shown what to do on their induction training, but had not received any 'formal training.' The registered manager explained that staff did not have any input into the actual catheter care but would change the bags only. All monitoring and care was completed by visiting healthcare professionals or family members and staff knew to contact them if there were any issues or concerns with the catheter fitting. Staff we spoke with told us they felt the training offered by the provider was sufficient. One staff member told us, "I've just finished my NVQ Level 2 so all my training is up to date." We saw that new staff members had completed three day induction training which included working alongside an experienced member of staff. A staff member explained, "You are never alone when you first start, there is always someone with you." Another staff member said, "I've started my NVQ Level 3 training, I asked if I could do it." We saw from records we looked at that staff had completed their induction training and some were in the process of completing the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people. One staff member explained to us, "The Assessor [for the NVQ] comes here [to the office] and emails are sent to me." Some staff did say to us they would like to see more 'hands on' training around dementia, diabetes and catheter care. We shared the information with the provider who told us this would be discussed at the next team meeting.

Staff we spoke with confirmed they received supervision from a member of the management team. This was verified in staff records which included spot checks on individual staff members. We saw where problems had been identified through the checks; these were discussed with staff in their supervision. One staff member told us, "When mistakes are made this information is shared with us at our supervision or in

team meetings so we can learn from them so they don't happen again."

We had received information that people had been put at risk of ill health due to out of date food being left in fridges and uncooked food being offered to people. We discussed these incidents with the provider. They confirmed and records we looked at showed, the matters had been addressed at the time they arose with the staff concerned. We saw evidence to support that staff had received training around food hygiene. The registered manager continued to explain that the mistakes were also a cultural issue where the staff members were not familiar with certain food products but this was now included within the induction training. People spoken with told us they chose what meals they wanted and staff respected their decisions. One person said, "They [staff] will make me a sandwich at lunch time, if I ask them to. I choose what I fancy." Another person told us, "They [staff] do my lunch for me; I tell them what I fancy at the time, no problems."

We saw from care plans there was input from health care professionals, for example, district nurses, tissue viability nurses and GPs. People we spoke with confirmed they were supported by additional healthcare professionals. We had received information when people's health deteriorated; the service was not always promptly contacting healthcare professionals. We saw the incidents had been investigated and action taken where appropriate. A staff member told us, "If there is a change in a person's health, we will contact the office or the family ourselves." We saw the provider had processes in place to support staff to seek emergency help, to ensure people's health care needs continued to be met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most of the people currently using the service were able and supported to make their own decisions. Staff spoken with told us if they had any concerns about a person's ability to make decisions they would inform the registered manager. People we spoke with told us they were supported to make decisions about the care they received. People continued to tell us that staff explained what they were doing and would seek their consent before carrying out any support with their care needs. Relatives told us that they were able to have an input into planning care, in agreement with their family member. We saw in people's care plans it had been recorded if they were supported by named individuals with the legal power to make some decisions on their behalf. Staff explained how they involved people in their day to day choices. For example, one staff member explained, "If someone is unable to tell you what they want, you can show them different things and they will point or you can tell by their facial expressions which one they like." This meant that care was provided to people lawfully with their consent.

Is the service caring?

Our findings

At the last inspection in December 2016 we rated the provider as 'good' under the key question of 'Is the service caring?' At this inspection we found the service had remained 'good.'

Everyone we spoke with told us staff members were caring and kind and people received the help and support they needed when they needed it. They continued to tell us that staff members were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "They [staff] are not bad people, very thoughtful and caring." Another person told us, "Staff are very kind, caring and friendly too." Another person explained, "All the girls [staff] are thoughtful, they are lovely."

People we spoke with confirmed they were given every opportunity to make choices for themselves, for example when choosing clothes to wear or how they wished to be supported with personal care. Care plans showed that an assessment of the person's care needs and preferences was completed so the provider could be sure that they could meet the person's needs, in the way they wished. People and relatives spoken with confirmed following discussions, a care plan was produced. We saw care plans included information about people's abilities and what they could do for themselves as well as the areas they required support with. We also saw the care plans contained information about how staff members were to support people to encourage and maintain their independence as much as practicably possible. One person told us, "I do my own shopping up to now but if I am not well they [staff] will do it for me." Another person said, "The carers do encourage me to try to do as much as I can to keep me moving about." A staff member explained, "I ask if they [people using the service] mind me helping them or would they prefer to do it themselves, it's difficult for some people when they have been so independent."

People spoken with confirmed they had access to information they required within their care plans including contact details for the office, a copy of complaints policy, information relating to safeguarding, medication management and a copy of their care plan. The provider explained to us how they ensured people had information in an accessible format. For example, if it was necessary, the provider said they could make the information available in different written formats for example, a larger font size or different coloured paper. The provider explained people's preferred method of communication was discussed with the person and their relatives at the time of the initial assessment.

People were treated with dignity and respect. One person told us, "They [staff] definitely treat me with respect and they still chat and have a laugh with me." Staff we spoke with explained how they always treated people with respect and maintained people's privacy and dignity. For example, one staff member told us, "I always ask people if they feel comfortable for me to help them and making sure the bathroom door is always closed." People spoken with told us staff were discreet and they felt assured their personal information was not shared with other people on the service. People and relatives told us that they never heard staff talk disrespectfully about another person while they were in the person's home.

Is the service responsive?

Our findings

At the last inspection in December 2016 we rated the provider as 'good' under the key question of 'Is the service responsive?' At this inspection we found the service had remained 'good.'

People and the relatives we spoke with confirmed they were involved in the planning and review of people's care. One person told us, "The manager was here last week to look at my care plan." Another person said, "They [provider] do come to review my care plan and ask if everything is ok." The provider explained that they had introduced 'welfare checks' that were carried out in addition to the routine review meetings. We also found the care plans were personalised and contained information about people's life histories, one care plan in particular was very detailed, whilst the remaining four we looked at were not quite so detailed. However, staff members we spoke with were knowledgeable of people's individual needs and demonstrated in their answers to us that they knew people well. Each of the care files we looked at had a copy of the person's care plan, which had been or was due to, be reviewed.

The provider explained that after the initial assessment and the service had started, a six week review would be conducted to ensure the service is meeting people's needs. Records we looked at confirmed this had happened and we saw the service or timings of calls were altered in accordance with the person's preferences. The provider said that after six weeks people had experienced the service, the review gave them an opportunity to identify if the times of calls were suitable for them and whether the service being delivered met their needs. We also saw evidence to support that where people's needs required additional support, requests had been submitted to other agencies to review the levels of care being provided. This showed the provider was being responsive to people's individual support needs.

We had received information of poor complaints handling. We looked at the provider's complaints records and noted complaints raised with them included, staff being late, missed calls leading to missed medication, poor medication practice and staff taking their children to people's homes. The provider's processes for monitoring complaints had improved since our last inspection and had identified trends. For example individual staff members responsible for the shortfalls and these had been addressed. Each of the complaints notified to us had been recorded by the provider and they were able to demonstrate they had been investigated by both the provider and in some cases, the local authority. Although the outcome for the individuals concerned may have resulted in a change of provider, we found there was a rational complaints process in place and improvements, as a result of the complaints, were introduced to the service.

People and relatives we spoke with told us they were happy with the service they received from the provider and had no complaints they wished to raise with us. One person told us, "I would feel able to complain, but I have never had the need to." Another person said, "I have had no reason to complain about anything." A relative explained, "We have had no complaints at all."

At the time of the inspection the provider did not support any people who were at the end of their life. However, records we looked at showed people's preferences had been discussed with them and contained within people's care plans. People's choices, where the person wanted to discuss the subject to manage

their end of life, in a sensitive and dignified way, had been recorded.

Is the service well-led?

Our findings

At the last inspection in December 2016 we found the provider was not meeting all the legal requirements and had been rated as 'requires improvement' under the key question of 'Is the service well led?' In response, the provider had submitted to us an action plan detailing the improvements they intended to introduce.

At the last inspection, we had found that the systems in place to monitor late and missed calls, quality assurance audits of care plans and risk assessments and the provider's recruitment processes all required improvement. This meant the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider submitted an action plan that detailed the improvements required to meet their legal obligations and enhance the quality of the service. We found the provider had made considerable effort to meet the legal requirements that was identified as a breach of regulations at the last inspection. At this inspection we found there had been some improvement to the provider's complaints and recruitment processes and the auditing of care plans and risk assessments. However, notwithstanding their attempts, issues had remained around the management of late and missed calls and recruitment risk assessments and this still required further improvement. The provider had implemented improvements identified in their action plan and although some improvements had been made, these had not always been in a timely way and further improvements were still required.

It is a legal requirement that the overall rating from our last inspection was displayed on the provider's website and we found it was also on display within the office. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

There had been some confusion by the provider as to when certain complaints should have been reported to us and other agencies. We found two occasions where complaints raised by one person and a relative that alleged theft and neglect had not been raised as a safeguarding. We saw the two instances had been investigated as a complaint and appropriate action taken, but the nature of the allegations should have been referred to the local authority for their consideration and reported to us as notifiable incidents. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

There were systems in place to monitor the quality of the service provided to people. However we identified improvements to be made in two of the five care plans we looked at. For example, one care plan was not completed, although the person had been with the provider for almost two weeks. We were told staff had information from the initial assessment and the care plan from the local authority. This was confirmed with the staff we spoke with and they were able to explain the person's daily support needs. In the second care plan we identified the times the person required their time specific medicine was not recorded. We discussed this with the provider who told us the person also received daily input from healthcare professionals but they would review the person's care plan to include timings for ease of reference for staff. We also found that in the care plan there was no information to support staff on the safe disposal of sharps

(injections). This was also discussed with the provider who agreed the information would be added to the plans and discussed with the staff members to ensure continued safety.

The PIR stated that the provider had also introduced their own improvement plan that incorporated the action plan submitted to us. We found additional office staff to support the provider had been introduced and the provider had actively joined external organisations to learn from their experiences and share good practice. Staff we spoke with all told us how much their experiences of working for the provider had improved. One staff member told us, "I'm very happy now, they've [provider] improved in a lot of things, I feel recognised. They [provider] are very good people and understand our [staff] position. The new app we use is better than before, the rota is regularly sent out." Another staff member explained, "They've [provider] grown for the better and over the last six months they have really improved." People and relatives we spoke with all confirmed they were satisfied with the management of the service and were happy with the provider. Comments included, "I do think the service is well managed, it's a very good service," "Definitely, I would recommend them [the provider] to anyone." "On the whole the service is very good." "No real complaints about them [the provider], I am quite happy."

The provider had conducted quarterly surveys with staff, relatives and people using the service. Comments made by people included, 'very happy with the carers and would like to keep them. The company and management are always helpful.' 'Mother is very happy with the service provided.' 'Very happy with staff, always look after my best interests' and 'if any concerns are raised they are quick to contact us.' We saw where issues had been identified in the surveys, appropriate action had been taken by the provider to resolve them.

The staff we spoke with confirmed staff meetings took place every couple of months. We saw the provider had kept a record of staff meetings and minutes were available to staff. Staff we spoke with all told us they felt supported by the provider and the management team. Staff told us they would have no reservations raising concerns with the management team. One staff member said, "[Provider's name] is very approachable and will listen to you." Another staff member said "If I did have to raise anything and nothing was done, I wouldn't hesitate in contacting you [CQC]." We saw the provider had a whistleblowing policy in place to support staff. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

At the last inspection there was no registered manager in post. At this inspection, the provider was now also the registered manager; therefore the terms of their registration had been met. The provider had completed our PIR and the information stated on the return, reflected what we saw during the inspection.

We could see from people's care records there was an effective working partnership between the provider and other agencies. Information was shared between agencies as and when necessary to ensure people continued to receive their individualised support.

The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not consistently informed CQC of notifiable incidents

The enforcement action we took:

The provider was informed no action to be taken on this occasion but to ensure future notifications were submitted in a timely manner